

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [Optional]

B. SEND ACKNOWLEDGMENT TO: [Name and Address]

First American Title Insurance Company
UCC Division
5 First American Way
Santa Ana, CA 92707

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME				
MKG Beauty & Business LLC				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
379 and 395 Atwood Avenue		Cranston	RI	02920
COUNTRY				
USA				
1d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any
		limited liability co.	Rhode Island	000787648
				<input type="checkbox"/> NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME: - Insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME				
M & N Realty, LLC				
2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
379 Atwood Avenue		Cranston	RI	02920
COUNTRY				
USA				
2d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any
		limited liability co.	Rhode Island	000120134
				<input type="checkbox"/> NONE

3. SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - Insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME				
Independence Bank				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
1370 South County Trail		East Greenwich	RI	02818
COUNTRY				
USA				

4. This FINANCING STATEMENT covers the following collateral:

See Exhibit A attached hereto and incorporated herein by reference.

5. ALTERNATIVE DESIGNATION (if applicable): ☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAILOR ☐ SELLER/BUYER ☐ AG LIEN ☐ NON-UCC FILING

6. ☐ This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable)

7. TO REQUEST A SEARCH REPORT, FILE A UCC11

8. OPTIONAL FILER REFERENCE DATA:

File with: Rhode Island - Secretary of State

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT					
9a. ORGANIZATION'S NAME					
MKG Beauty & Business LLC					
OR					
9b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME, SUFFIX	
10. MISCELLANEOUS:					
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY					
11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only ggg name (11a or 11b) - do not abbreviate or combine names					
11a. ORGANIZATION'S NAME					
V & J Realty, LLC					
OR					
11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	
11c. MAILING ADDRESS		CITY		STATE	POSTAL CODE
395 Atwood Avenue		Cranston		RI	02920
11d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND		11e. TYPE OF ORGANIZATION		11f. JURISDICTION OF ORGANIZATION	
		limited liability co.		Rhode Island	
				11g. ORGANIZATIONAL ID #, if any	
				000153341 <input type="checkbox"/> NONE	
12. <input type="checkbox"/> ADDITIONAL SECURED PARTY or <input type="checkbox"/> ASSIGNOR S/P'S Name - insert only ggg name (12a or 12b)					
12a. ORGANIZATION'S NAME					
OR					
12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	
12c. MAILING ADDRESS		CITY		STATE	POSTAL CODE
13. This FINANCING STATEMENT Covers <input type="checkbox"/> timber to be cut or <input type="checkbox"/> as extracted collateral, or is filed as a <input type="checkbox"/> fixture filing.					
14. Description of real estate:					
15. Name and address of a RECORD OWNER of above-described real estate (If Debtor does not have a record interest):					
16. Additional collateral description:					
17. Check only if applicable and check only one box.					
Debtor is a <input type="checkbox"/> Trust or <input type="checkbox"/> Trustee acting with respect to property held in trust or <input type="checkbox"/> Decedent's Estate					
18. Check only if applicable and check only one box.					
<input type="checkbox"/> Debtor is a TRANSMITTING UTILITY					
<input type="checkbox"/> Filed in connection with a Manufactured-Home Transaction					
<input type="checkbox"/> Filed in connection with a Public-Finance Transaction					

UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

19. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT		
19a. ORGANIZATION'S NAME		
MKG Beauty & Business LLC		
19b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

20. MISCELLANEOUS:

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21. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (21a or 21b) - do not abbreviate or combine names

21a. ORGANIZATION'S NAME				
Michael K. Galvin, Hair, Face & Nails, Inc.				
21b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
21c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
481 Pontiac Avenue		Cranston	RI	02920 USA
21d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND	ADD'L INFO RE ORGANIZATION DEBTOR	21e. TYPE OF ORGANIZATION	21f. JURISDICTION OF ORGANIZATION	
		corporation	Rhode Island	
			21g. ORGANIZATIONAL ID #, if any 000123560 <input type="checkbox"/> NONE	

22. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (22a or 22b) - do not abbreviate or combine names

22a. ORGANIZATION'S NAME				
Pontiac Properties, Inc.				
22b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
22c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
481 Pontiac Avenue		Cranston	RI	02920 USA
22d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND	ADD'L INFO RE ORGANIZATION DEBTOR	22e. TYPE OF ORGANIZATION	22f. JURISDICTION OF ORGANIZATION	
		corporation	Rhode Island	
			22g. ORGANIZATIONAL ID #, if any 000071553 <input type="checkbox"/> NONE	

23. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (23a or 23b) - do not abbreviate or combine names

23a. ORGANIZATION'S NAME				
GALCO Realty, LLC				
23b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
23c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
395 Atwood Avenue		Cranston	RI	02920 USA
23d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND	ADD'L INFO RE ORGANIZATION DEBTOR	23e. TYPE OF ORGANIZATION	23f. JURISDICTION OF ORGANIZATION	
		limited liability co	Rhode Island	
			23g. ORGANIZATIONAL ID #, if any 000139831 <input type="checkbox"/> NONE	

24. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only one name (24a or 24b)

24a. ORGANIZATION'S NAME				
24b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
24c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY

25. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only one name (25a or 25b)

25a. ORGANIZATION'S NAME				
25b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
25c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY

EXHIBIT A

DEBTORS: MKG BEAUTY & BUSINESS LLC
M & N REALTY, LLC
V & J REALTY, LLC
MICHAEL K. GALVIN, HAIR, FACE & NAILS, INC.
PONTIAC PROPERTIES, INC.
GALCO REALTY, LLC

SECURED PARTY: INDEPENDENCE BANK

COLLATERAL MEANS:

- A. ALL EQUIPMENT AND MACHINERY, INCLUDING POWER-DRIVEN MACHINERY AND EQUIPMENT, FURNITURE AND FIXTURES, IN EACH CASE AS NOW OWNED OR HEREAFTER ACQUIRED, TOGETHER WITH ALL REPLACEMENTS THEREOF, ALL ATTACHMENTS, ACCESSORIES, PARTS AND TOOLS BELONGING THERETO OR FOR USE IN CONNECTION THEREWITH.
- B. ALL PASSENGER AND COMMERCIAL MOTOR VEHICLES REGISTERED FOR USE UPON PUBLIC HIGHWAYS OR STREETS, NOW OWNED OR HERINAFTER ACQUIRED, TOGETHER WITH ALL REPLACEMENTS THEREOF, ALL ATTACHMENTS, ACCESSORIES, PARTS, EQUIPMENT AND TOOLS BELONGING THERETO OR FOR USE IN CONNECTION THEREWITH.
- C. ALL INVENTORY, RAW MATERIALS, WORK IN PROCESS AND SUPPLIES NOW OWNED OR HERINAFTER ACQUIRED.
- D. ALL ACCOUNTS NOW OUTSTANDING OR HEREAFTER ARISING.
- E. ALL CONTRACT RIGHTS AND GENERAL INTANGIBLES NOW IN FORCE OR HEREAFTER ACQUIRED.

AND THE PROCEEDS AND PRODUCTS OF ALL OF THE FOREGOING DESCRIBED PROPERTY.